MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO 10/517423 **FILING DATE**

APPLICANT(S)

12/8/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1			/				51							
2				/			52							
3				/			53							
4				/			54							
5				/			55							
6				/			56							
7				/			57							
8				/			58							
9				/			59							
10				/			60							
11				/			61							
12				/			62							
13				/			63							
14				/			64							
15				/			65							
16			/				66							
17				/			67							
18				/			68							
19				/			69							
20				/			70							
21				/			71							
22				/			72							
23				/			73							
24				/			74							
25				/			75							
26				/			76							
27			/	/			77							
28				/			78							
29				/			79							
30			/	/			80							
31				/			81							
32				/			82							
33				/			83							
34			/	/			84							
35			/				85							
36				/			86							
37				/			87							
38				/			88							
39			/				89							
40				/			90							
41				/			91							
42			/				92							
43				/			93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			7				TOTAL IND.							
TOTAL DEP.			36				TOTAL DEP.							
TOTAL CLAIMS			43				TOTAL CLAIMS							

U.S. DEPARTMENT of COMMERCE

Best Available Copy